

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032546

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

146

Primary Registration District No.

55-68

Registrar's No.

407

FILED SEP 5 1963

PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN

INDEPENDENCE

Length of stay in 1b

4 MONTHS

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION

18505 CHEYENNE DR.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY

OR TOWN

INDEPENDENCE

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

18505 CHEYENNE DR.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First JAMES

Middle WILLIAM

Last MABERRY

4. DATE OF DEATH

Month Day Year  
SEPT. 1 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/19 1887 76

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY

CITY PARK DEPT.

11. BIRTHPLACE (City and state or country)

NORBORNE MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

JAMES W. MABERRY

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

BULAH MABERRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

32

17. INFORMANT

RAYMOND MABERRY 2303 HARDESTY

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure  
Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 15 to Sept 1 and last saw her alive on Aug 22, 1963  
Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9/4/1963

23c. NAME OF CEMETERY OR CREMATORY

GREEN LAWN

23d. LOCATION (City, town, or county)

KANSAS CITY, MO

24. FUNERAL DIRECTOR

OTT &amp; MITCHELL

ADDRESS

INDEP., MO.

25. DATE RECD. BY LOCAL REG.

9-2-63

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/597000  
27000

3

4 0

5 2

6

7 0

8 0

9 4222

10

11

12 900

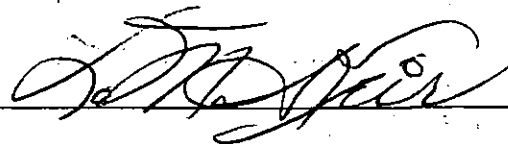
13 10

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3156

P. O. Address INDEPENDENCE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.